



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

PATERNITY AFFIDAVIT REQUEST FORM

Date: _____

Iowa Department of Public Health
Vital Records Section
Lucas State Office Building
Des Moines, Iowa 50319

Dear Vital Records Section:

Please provide a copy of the paternity affidavit, if available, for the child listed below. We have confirmed with Jan Sieren that CSRU does not have a copy of this paternity affidavit.

Child's Name (FMLS): _____

Child's Date of Birth: _____

Birth (City/State): _____

Birth County: _____

Maiden Name (FMLS): _____

Father (FMLS): _____

ICAR Case Number: _____

Worker Name and ID Number: _____

Worker Phone Number: _____

Thank you for your help. To return the requested information, attach and fold so that the address listed below appears in the window of the enclosed return envelope.

Child Support Recovery Unit

Three horizontal lines for address information.